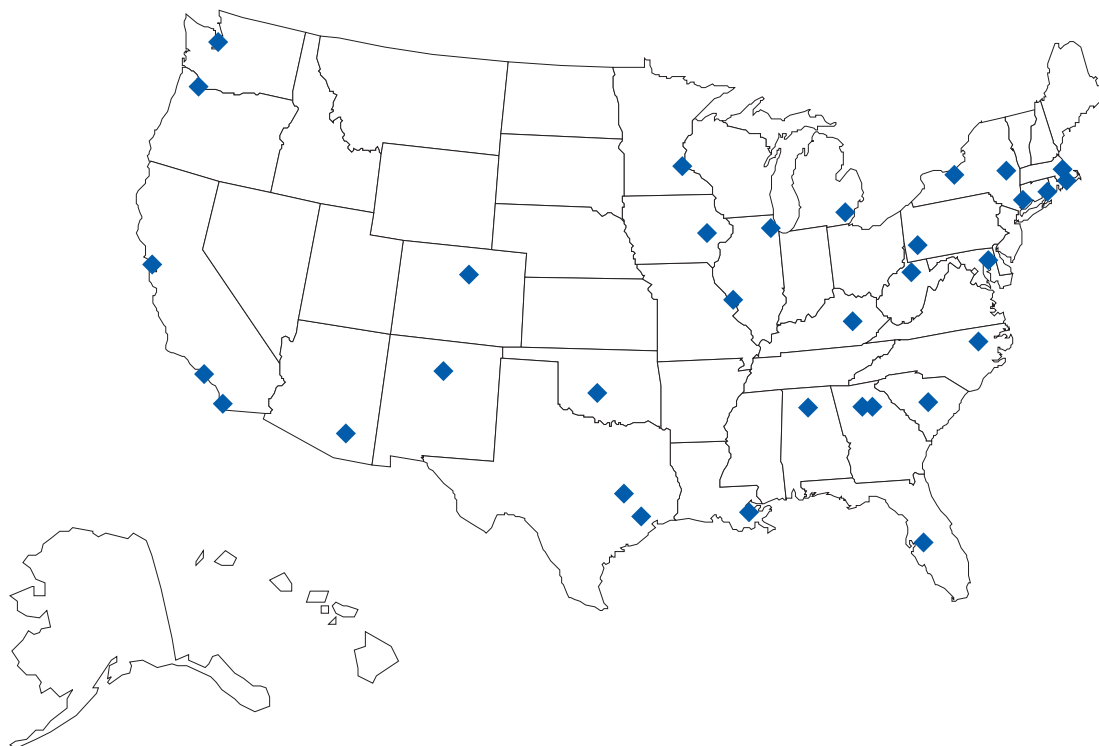


Prevention Research Centers

Working Hand-in-Hand with Communities

2005

CDC's Network of Prevention Research Centers,* Fiscal Year 2005



* A list of the centers and their core projects is provided on page 3.

"The Prevention Research Centers epitomize what CDC is all about when it comes to working with partners at the grassroots level to protect our nation's health. Their efforts are resulting in the very information Americans need to choose safe and healthy lifestyles for themselves and their families."

*Julie Louise Gerberding, MD, MPH
Director
Centers for Disease Control and Prevention*

Building Partnerships to Save Lives and Resources

In 1984, Congress authorized the Secretary of the U.S. Department of Health and Human Services (HHS) to create a network of academic health centers to conduct applied public health research. The Centers for Disease Control and Prevention (CDC) was selected to administer the Prevention Research Centers network and to provide leadership, technical assistance, and oversight.

Today, with fiscal year 2005 appropriations of \$29.7 million, CDC supports 33 centers associated with schools of public health, medicine, or osteopathy throughout the country. Each center conducts at least one core research project with an underserved population that has a disproportionately large burden of disease and disability.

By involving community members, academic researchers, and public health agencies, the Prevention Research Centers find innovative ways to promote health and prevent disease. The partners design, test, and disseminate strategies—often as new policies or recommended public health practices.

In addition to conducting core research, the centers work with partners on special interest projects defined by CDC

and other HHS agencies. As a result, the Prevention Research Centers' portfolio now includes about 500 core and other-funded research projects each year.

The prevention researchers help people reduce a variety of risk factors in their individual lives or in their communities. For example, some centers work with distinct populations, such as African Americans and Latinos in inner cities, Mexican Americans on the border, American Indians in New Mexico and Oregon, below-poverty-level residents in rural communities, and people with hearing disabilities. Others focus on organizations that serve youth or seniors. While all centers share a common goal of addressing behaviors and environmental factors that cause chronic diseases such as cancer, heart disease, and diabetes, several Prevention Research Centers address injury, infectious disease, mental health, and global health.

Through scientific rigor, collaborative partnerships, practical application, and community acceptance, the Prevention Research Centers continue to find new ways to improve the nation's quality of life.

Merging Research and Practice

The Prevention Research Centers serve as a national resource for developing and applying effective prevention strategies at the community level, as the following two examples illustrate.

Addressing Childhood Obesity

Harvard University's Prevention Research Center developed an interdisciplinary curriculum called Planet Health for public middle schools. This curriculum encouraged students to be more physically active and to eat more fruits and vegetables, as well as to watch less television and eat fewer high-fat foods. An evaluation of the project showed that television viewing declined significantly for both girls and boys, and that obesity prevalence decreased significantly for girls.

Today, hundreds of schools throughout Boston use the Planet Health curriculum, and 2,000 copies have been sold in 48 states and 20 countries. An independent economic analysis found that every \$1 spent on the program in middle school would save \$1.20 in medical costs and lost wages when students reached middle age.

Reducing Smoking Among Teens

The Not-On-Tobacco (N-O-T) program is designed to help young people aged 14–19 quit smoking. It was developed and tested by researchers in West Virginia University's Prevention Research Center in collaboration with local education departments and the American Lung Association. An initial evaluation showed that the percentage of students who quit smoking was nearly 4 times higher among N-O-T participants than among comparison groups. Because of this early success, the American Lung Association adopted the program and began to disseminate it nationwide. During 1999–2003, nearly 33,000 teens in 47 states participated in the N-O-T program. The program has been recognized by the National Registry of Effective Programs, and it is listed on the Substance Abuse and Mental Health Services Administration's Model Programs Web site, available at <http://www.modelprograms.samhsa.gov>. In addition, the University of North Carolina's Center for Health Promotion and Disease Prevention is working with West Virginia University to adapt N-O-T for American Indian communities in North Carolina, where smoking rates are among the highest in the nation.

Prevention Research Centers: Core Projects

University of Alabama at Birmingham

Building community capacity for health in Alabama's Black Belt

University of Arizona

Reducing diabetes in communities on the U.S.–Mexico border

San Diego State University and**University of California at San Diego**

Increasing physical activity in Latino families around Tijuana

University of California at Berkeley

Improving health in California's Korean-American community

University of California at Los Angeles

Promoting adolescent health in African American and Hispanic families

University of Colorado

Advancing healthy lifestyles in underserved Rocky Mountain communities

Yale University

Addressing health disparities in rural and urban Connecticut

University of South Florida

Using community-based prevention marketing for health promotion

Emory University

Reducing health disparities in rural southwest Georgia

Morehouse School of Medicine

Building community capacity to promote health in southeast Atlanta

University of Illinois at Chicago

Evaluating interventions to reduce diabetes in inner-city communities

University of Iowa

Helping communities in rural Iowa improve their residents' quality of life

University of Kentucky

Controlling cancer in central Appalachia

Tulane University

Changing the environment to increase physical activity among low-income residents in New Orleans

Johns Hopkins University

Integrating health promotion into existing programs for Baltimore youth

Boston University

Improving the health and well-being of Boston's public housing residents

Harvard University

Promoting nutrition and physical activity among Boston's children and youth

University of Michigan

Examining social determinants of health in low-income Michigan counties

University of Minnesota

Identifying best practices for adolescents' healthy development

Saint Louis University

Maintaining rural community coalitions to prevent chronic diseases

University of New Mexico

Improving nutrition and physical activity among Navajo elders

State University of New York at Albany

Preventing chronic disease through community interventions

Columbia University

Bridging the digital divide for health in Harlem

University of Rochester

Understanding health risks among the deaf and hard of hearing

University of North Carolina at Chapel Hill

Reducing obesity among ethnic minority women in rural North Carolina

University of Oklahoma

Promoting health and preventing disease among Native Americans

Oregon Health & Science University

Addressing vision and hearing loss in American Indian communities

University of Pittsburgh

Promoting health and preventing disease among older adults

University of South Carolina

Changing policies and environmental conditions to support physical activity in underserved communities

University of Texas Health Science Center at Houston

Studying how adolescents' health choices affect their later life

Texas A&M University

Preventing diabetes in underserved rural communities

University of Washington

Sustaining physical activity among older adults

West Virginia University

Improving health among rural teenagers

“Government public health agencies...must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community-based organizations, the health care delivery system, academia, business, and the media.”

Institute of Medicine, *The Future of the Public's Health in the 21st Century*, 2002

Capitalizing on Unique Opportunities for Research and Collaboration

Networking Knowledge and Skills

Each Prevention Research Center (PRC) encourages interaction among faculty from different disciplines, thus bringing an array of expertise to each project. This blending of expertise is essential to solving complex health and psychosocial problems. Departments of education, social work, psychology, anthropology, and many others work with the schools of public health and medicine. In addition, CDC's network of Prevention Research Centers fosters collaboration among the centers despite academic affiliations or geographic boundaries. Sets of PRCs have worked together to address priority health issues such as tobacco control, obesity, and healthy aging. Because each center offers a unique geographic location and community relationship, researchers can simultaneously test interventions in different settings. The PRCs also work closely with state and local health departments, managed care alliances and health maintenance organizations, state education agencies, and national and community organizations. Through these partnerships, promising research findings are translated into practical, cost-effective prevention programs in communities.

Gaining and Sustaining Community Trust

To encourage trust, the academic institutions and community partners that constitute the Prevention Research Centers make long-term commitments and take the time to build solid working relationships. Researchers strive to respect the dignity of project participants and the values of the overall community. As a result, communities are able to implement and sustain change over time. These established relationships also allow other public health groups to introduce new research projects and health programs.

Resource for Training

In collaboration with the Association of Schools of Public Health, the PRCs offer 2-year fellowships for doctoral-level students of racial or ethnic minority origin. To date, 19 fellows have gained hands-on experience with projects directed by the centers and their partners, thereby increasing the number of public health professionals qualified to work with racial and ethnic minority groups.

The PRCs also offer extensive continuing education for practitioners, public health professionals, and aspiring leaders seeking challenge and growth. Formal programs include week-long institutes in youth development, physical activity research and interventions, and nutrition and public health. Several centers also design and present workshops requested by state health departments for their staffs.

Future Directions

As the PRCs mature, the focus is on translating research into practice and disseminating interventions among selected groups and large populations. Effective interventions likely to produce a public health impact are ready for dissemination research to determine their sustainability, the conditions for community implementation, and the methods for replication in different environments. Effective and adoptable interventions are ready for widespread implementation and evaluation in communities. The PRCs, in collaboration with other CDC programs, are enhancing research translation through thematic networks such as the Healthy Aging Network and the Cancer Prevention and Control Research Network. The program's communications and policy committees are helping to raise awareness of successful interventions and their availability.

Results from Project DEFINE, which once stood for Developing an Evaluation Framework: Insuring National Excellence, are shaping the PRCs' accountability. The project has advanced its mission, and the acronym now stands for Delivering Evidence and Findings: Implementation of the National Evaluation. The project's evaluation strategies are ensuring that the PRCs can promote community health and contribute to the national program. Now, the centers are using an information system to report on specific performance indicators, and outcomes will be tracked over time.

CDC is increasing and enhancing its technical assistance to the PRCs through standardized work plans, progress reporting, and site visits. The continuous technical support and feedback provided to the PRCs is enhancing the quality and impact of their research on public health practice.

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